**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**A**

Permit Number: 0438028590 1 ref

# Sewage Disposal System

## Request for Site Clearance and Permit

**Include Form B, Form C and Applicable Fees with this Application.**

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

**PLEASE PRINT OR TYPE**

### A. System Location (Indicate correct number and street)

Address 23040 SW 142nd (no rural route) City _____ NE, Zip _____

Legal Description N½ of SW¼ 7 7N 5E
(1/4, 1/4, Section, Township, Range) Subdivision _____ Addition _____ Block _____ Lot _____

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

### B. Owner

Name David Duntz Signature _____

Address 909 Juniper City/State/Zip Crete NE 68333

☒ Check if owner designed system Home Phone (402) 826-3194 Work Phone 580-3220

### C. Contractor

Name David Duntz Company Name OAK CREEK INC

Address 909 Juniper City/State/Zip Crete NE 68333

☒ Check if contractor designed system Work Phone 580-3220

### D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Dave Duntz Firm Oak Creek Inc Work Phone 580-3220

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

***DO NOT WRITE BELOW THIS LINE***

## Approval Process

☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 7/14/04 Date frwd 7/14/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/14/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-14-04 Date frwd 7-14-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Line + lagoon – DT 9/27/04 Need taper

## Installation Final Written Approval

By _____

Date 7/18/05

***Business Office Use Only***

Date Rec'd 07/14/04

Amt Paid 200.00

Rec'd By _____ Cash/Check No. NEW CHECK NO #

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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**B**

Permit Number: 043802859

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Dave Duntz Addresss 909 Juniper Circle NE 68337

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

### Percolation Test Data Table

| A. | B. | C. D. E. F. Pre-Saturation Period | | | | G. H. I. J. K. Percolation Readings | | | | | L. M. N. Results | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Start | | End | | Start | | | End | | | | |
| Hole No. | Hole Depth (in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time (Min) | Water Level Drop (in) | Percolation Rates (Min/in) |
| | | | | | | | | | | | | | |
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Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

### Person Conducting Percolation Tests

Name: _____
Phone: _____
Address _____

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks MUST BE SEALED

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 14, 2004

FORM 23-101 10-96

Dave Duntz  # 043802859

T-7-R5-Sec 7
NE

C

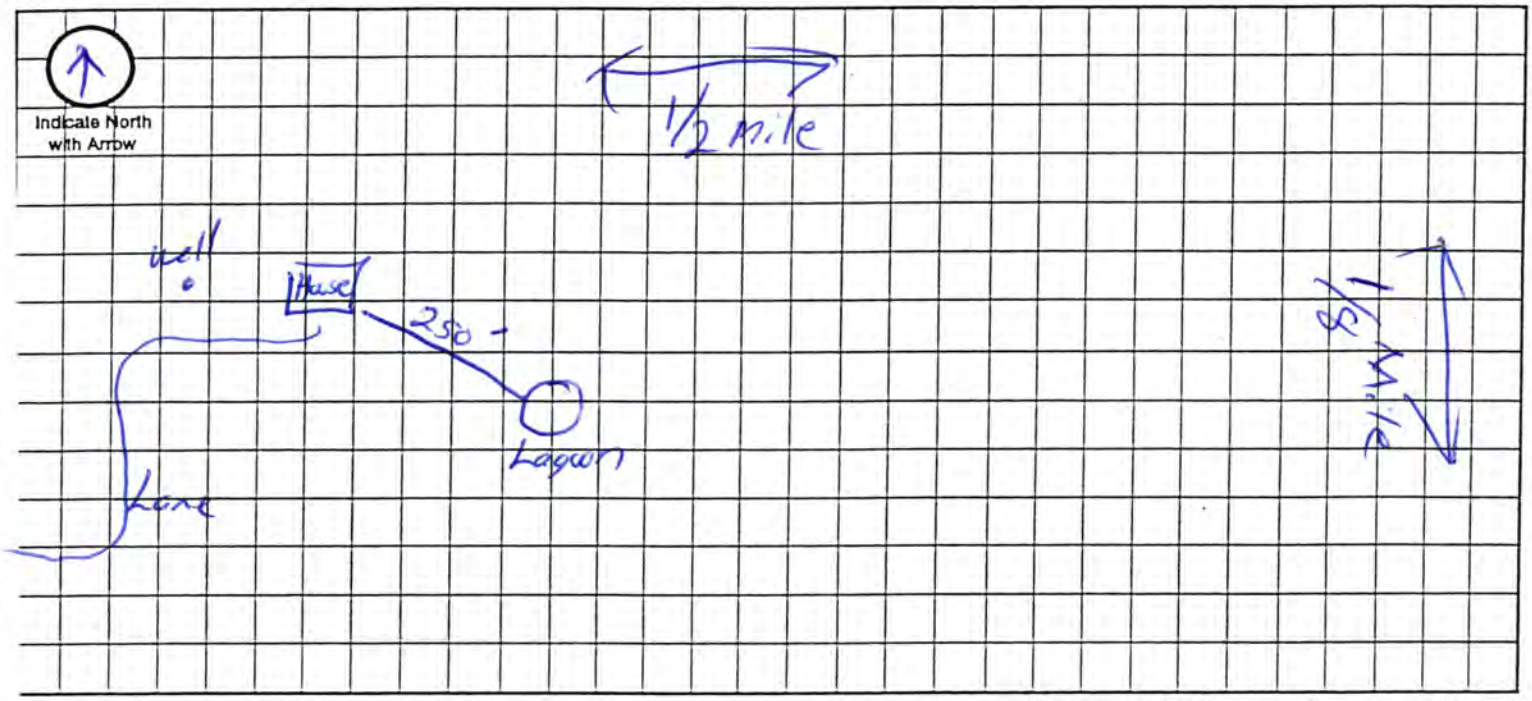
Lincoln-Lancaster County Health Department
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Permit Number: 043802859

JUL 27 2004

# Sewage Disposal System
## Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.




Approximate Scale: _____ ft. = _____ grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

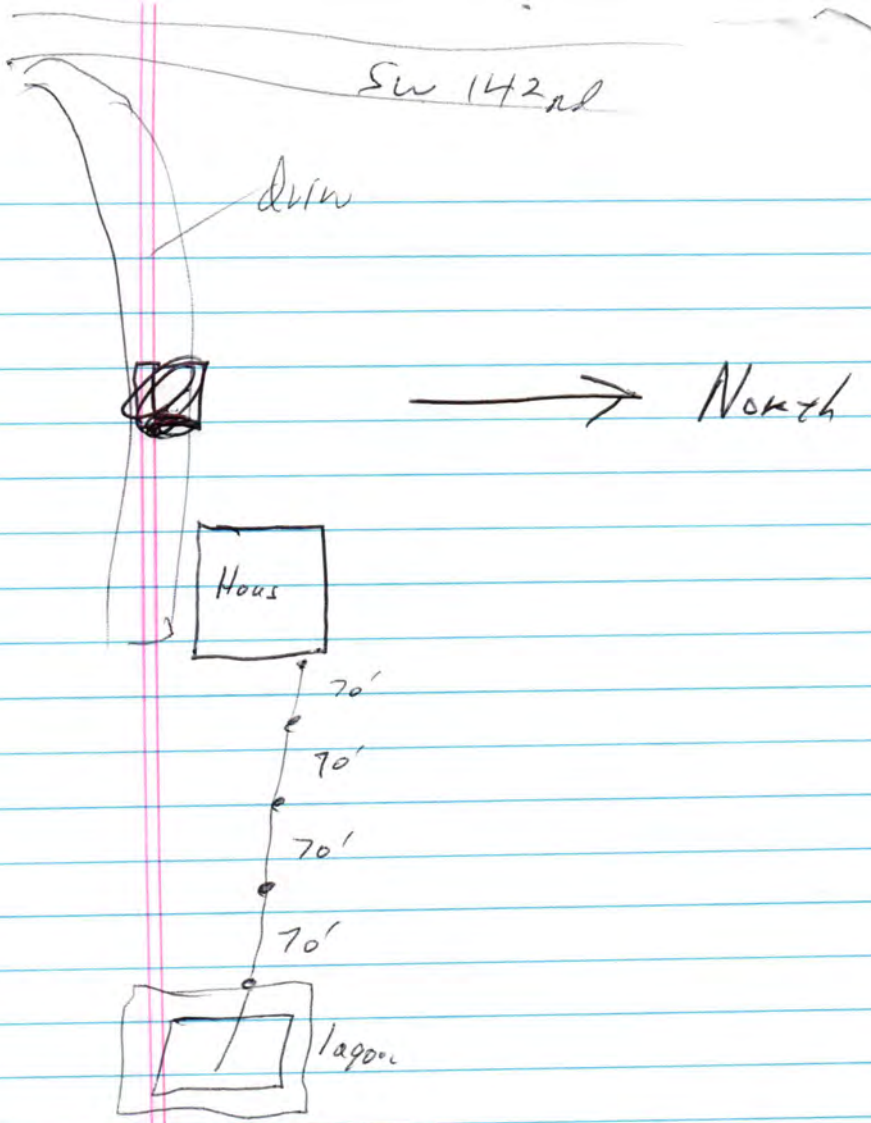
## D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| Field (ft) | 100 ☐ | 500 ☐ | 50 ☐ | 4 ☐ | 30 ☐ | 20 ☐ | 30 ☐ | 40 ☐ | ☐ |
| Lagoon (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

## E. Required Signatures

Home Building Contractor _____ Date 7-14-04

Installer _____ Kenneth Thiesel – Installer Date 7/14/04


SW 142nd
drive
North
House
70'
70'
70'
70'
lagoon